

Surviving Spouses

2008 - 2009 Plan Year

The following monthly premiums are effective **October 1, 2008 - September 30, 2009**. These **premium rates do not include the \$23.00 monthly tobacco surcharge**.

Type of Contract	Monthly Premium for PEEHIP Hospital Medical or the VIVA Health Plan
Individual Coverage/Non-Medicare-eligible Survivor	\$585
Family Coverage/Non-Medicare-eligible Survivor and Non-Medicare-eligible Dependents	\$717
Family Coverage/Non-Medicare-eligible Survivor and Only Dependent Medicare-eligible	\$676
Individual Coverage/Medicare-eligible Survivor	\$290
Family Coverage/Medicare-eligible Survivor and Non-Medicare-eligible Dependent(s)	\$422
Family Coverage/Medicare-eligible Survivor and Only Dependent Medicare-eligible	\$381
Optional (Each)	\$ 38